

FAMILY LEAVE INFORMATION SHEET

NAME: _____

SSN: _____

DISTRICT/SECTION: _____ **GANG:** _____

FAMILY LEAVE START DATE: _____

TYPE OF LEAVE TAKEN (*for the above date only*): _____

AMOUNT OF LEAVE TAKEN (*for the above date only*): _____

FAMILY LEAVE END DATE: _____

(complete this information only when a return date is known and also when the employee actually returns from FMLA)

PPM 15 states, "In accordance with the Family and Medical Leave Act of 1993 (FMLA), employees with at least 12 months of continuous state employment and 1,250 hours of service (excluding leave) may request family leave of up to 12 weeks per year (480 hours). The Department will require the use of accrued paid leave (annual, sick, and whenever applicable, hour-for-hour compensatory leave) for FMLA purposes. When paid leave is exhausted, leave without pay will be granted to provide the 12 week entitlement."

Prepared By: _____ **Date:** _____

Approved By: _____ **Date:** _____

(This form is required to be completed)